

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AD FILED		ATTORNEY ASSIGNMENT		ATTORNEY ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
4						
5						
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21	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	19					
TOTAL CLAIMS	20					

	AD FILED		ATTORNEY ASSIGNMENT		ATTORNEY ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						